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APPLICANTS

Ahmad M. Beiruti, La Jolla, CA;

*None M.B.***** CONTINUING DATA ********None M.B.***** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>M.B.</i>	<i>M.B.</i>			
	Examiner's Signature	Initials			

ADDRESS

Kit M. Stetina, Esq.
 STETINA BRUNDA GARRED & BRUCKER
 Suite 250
 75 Enterprise
 Aliso Viejo, CA92656

TITLE

Flexing multiple function interactive massage and reflexology unit

FILING FEE RECEIVED 512	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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